

[NYAPRS Enews] NYS/National Advocacy Groups Reject Adams Forced Hospitalization Plan, City Hall Rally Noon Today

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on behalf of

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Thu 12/8/2022 10:24 AM

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NYAPRS Note: Over the past few days, a broad array of state and national advocacy groups have issued statements rejecting [NYC Mayor Eric Adams mental health plan](#) and pressed instead for a comprehensive program of highly effective and voluntary outreach, housing, peer support, rehabilitation and mobile treatment programs. Groups representing people with mental health, addiction, trauma and AIDS/HIV related needs, family members, criminal justice reform and independent living organizations and disability lawyers are convening at City Hall at noon today to protest the Mayor's policies and recommend a broad program of alternative approaches.

NYS/National Advocacy Groups Reject [NYS/National%20Advocacy%20Groups%20Reject%20Adams%20Forced %20Hospitalization%20Plan]Adams Forced Hospitalization Plan

NYAPRS/ New York Lawyers for the Public Interest

We are heartened by Mayor Adams' statement that we can no longer walk away from vulnerable people experiencing mental health crises. We strongly agree but not, as the Mayor suggests, by increasing the use of involuntary hospitalizations and forced outpatient commitments

We firmly reject his proposed expansion of coercive approaches that will harm people experiencing mental health crises by increasing the use of traumatizing, involuntary inpatient and outpatient services. We cannot hospitalize ourselves out of the problems faced by the mentally ill, nor can we force more people into the same services that have already repeatedly failed them. Increasing the use of hospitalizations, without providing more and better community services, will simply produce more failed discharges.

Instead, we must triple our investments in the new approaches that are in the process of being rolled out by the City and State, most notably specialized 'housing first' programs designed to house and support people in the greatest need.

Further, New Yorkers in crisis must be afforded a continuum of proven voluntary services to provide sustained follow-up and support, including peer bridgers, peer respite, support connection centers, clubhouses, crisis stabilization, and the like.

We call on Governor Hochul to make an unprecedented level of investment in these and other approaches into the budget proposal she'll release next month, an investment of many hundreds of millions or a billion a year...far more than any of her predecessors, and one that will provide her with the opportunity to leave a lasting legacy as an historic mental health reformer.

We call on Mayor Adams to stand down from his proposal of forced hospitalization, and promptly release a comprehensive plan that features proven voluntary approaches that are the real remedy to walking past those in the greatest need.

Fountain House

While respecting that Mayor Adams and his administration have increased the focus on how to provide supports and resources to unsheltered people with SMI, we are concerned about any effort that utilizes short-term, involuntary measures as a starting place. We are equally concerned about steps that rely heavily on law enforcement when there are successful models that place public health workers at the forefront to engage this community that could be expanded...

"As I listened to this speech, I wanted to cry," wrote one Fountain House community member, describing his experience of hearing about the new policy. Another described his fear of his behavior being misinterpreted and putting him at risk of harm from law enforcement.

Without a comprehensive plan that moves people from crisis to recovery — one that is appropriately resourced and prioritized — the approaches announced this week will not address the revolving doors to hospitals and jails and can further stigmatize and isolate people living with serious mental illness....

The greatest city in the world can and should be the most humane and most visionary in doing what we know works. We must leverage this moment to address our mental health crisis and look forward to participating in that effort.

[Read More](#)

Disability Rights New York

There is nothing compassionate about being forced into a police car or ambulance. There is nothing compassionate about being locked up in a hospital. There is nothing compassionate about being involuntarily medicated. This is the antithesis of compassion. The Mayor is unleashing a systematic governmental attack on people who have a mental health diagnosis. Not surprising, given that this is the Mayor who said closing Willowbrook was a mistake.

Bazon Center for Mental Health Law

Mayor Adams' plan to sweep people with disabilities off New York's streets will not make the city safer and will not meet the needs of its residents with mental disabilities.

Asking police officers, even those who may consult by phone or video call with mental health professionals, to apply a "basic needs" standard to sweep people with disabilities off the street all but ensures that people will be sent to hospitals who don't need to be there, and who are not a danger to themselves or others.

It doesn't have to be this way. Communities across the country are employing proven methods to meet the needs of individuals experiencing homelessness who cycle between the streets, the emergency room, and the jail.

Safe, stable, and affordable housing, provided with voluntary supports, has been shown to help these individuals stabilize and avoid hospitalization and incarceration. And voluntary community-based services, such as assertive community treatment (ACT), supported employment, crisis services, and peer support services—delivered not in the hospital, but in the person's own home and community—have been shown to break the cycle of institutionalization.

In New York and elsewhere, Black and brown people with disabilities are overrepresented in the population of individuals experiencing homelessness,^[i] and so are more likely to be involuntarily hospitalized under the Mayor's plan—or may be subjected to traumatizing and dangerous interactions with law enforcement that have resulted in serious harm, including death.

We join advocates in New York in calling on the Mayor and their Governor to reject an expansion of involuntary commitment, and instead to develop a comprehensive plan to provide homeless New Yorkers with disabilities the housing and voluntary services they want and need.

Kiva Centers Vesper Moore

As an advocate for mental disability rights, I oppose Mayor Adams's plan for involuntary hospitalization of the mentally ill. Involuntary hospitalization won't make social problems disappear. They will only make people disappear...To involuntarily remove people with mental health conditions from the streets is a violation of the human rights we have fought for centuries to have.

I implore Mayor Adams to consider the funding and implementation of more community mental health initiatives. Specifically, programs like mental health drop-in centers, respites, and mobile response teams that are staffed by people with lived experience. Unhoused people deserve community care and long-term solutions that will not further traumatize them.

Vesper Moore Kiva Centers Auburn, MA

Sam Tsemberis Pathways Housing First Institute

It is very disheartening to see we have come full circle in NYC's policy on homelessness and have learned nothing from history.

Involuntary commitment to a psychiatric hospital is brutal, traumatizing, and ineffective in addressing homelessness. Mayor Adams, like many mayors in affluent cities, is under public pressure to do something but this is not what needs to be done! This is not a compassionate or effective approach for people who suffer from mental illness and who are homeless.

In the late 80s and early 90s, I served as the director Project HELP, the earlier NYC involuntary commitment program. It was the futility and frustration of that experience that led to me to start the Pathways consumer driven housing first program.

The cure homelessness for people with severe mental illness or addiction is housing with robust support services not involuntary hospitalization.

<https://www.linkedin.com/in/sam-tsemberis-phd-89a47730/recent-activity/>

NAMI-NYC

People living with SMI have a right to person-centered and recovery-oriented mental health care. Instead of using the least restrictive approach, we are defaulting to an extreme that takes away basic human rights. We need to meet people where they are, not forcibly remove them. The City has the power to provide onsite treatment, as well as treatment in homeless shelters or supported housing, but has chosen not to.

As a result of our failing mental health system, not an individual failing to "meet basic needs," New Yorkers with SMI continue to experience an endless cycle of incarceration, hospitalizations, premature discharges, and discharges to homelessness.

To help people living with mental illness live the full and meaningful lives they deserve, we need to invest significantly in our behavioral health care system and supportive housing.

See more at <https://naminycmetro.org/involuntaryremoval/>

NYAPRS Harvey Rosenthal in the media

"The mayor talked about a 'trauma-informed approach,' but coercion is itself traumatic and relies on the same failed system that's overburdened and can't address the people they already have now."

"We're going back to the days of coercion, forced hospitalization, more wards on the state hospital grounds. Once you open that doorway and fail to prioritize what really needs to happen, you're giving people a false solution."

"You're playing to like fears of violence and saying we're going to get them off the street and force them into hospitals and have the police do it. Coercion has not been proven to be the way. It doesn't breed trust and follow up."

"This plan relies too much on coercion and the involuntary use of hospitals, and adding coercion to a failed system that is inadequate to begin with doesn't really address the fundamental issues of engagement and access to quality care. We're not going to hospital our way out of this problem. We're not going to Kendra's Law our way out of this problem. Instead, he said, the city needs sustained engagement, housing, health care support and financial assistance for those in need."

"Hospitals are not the place to give people food, shelter, and clothing. We know how to do that in another, better way."

"New York City must embrace a different approach similar to [INSET](#), an outreach program that works only with people who would otherwise be on a Kendra's Law court order: INSET has successfully engaged 80% of that group, using peers, people in recovery."